

REPORTABLE USE OF FORCE INCIDENT DATA

SECTION A - INCIDENT IDENTIFICATION INFORMATION

Incident Number: (b) (7)(E)	Incident Title: (b) (7)(E)	Orig. SIR No.: (b) (7)(E)	Event No.: (b) (7)(E)
Office: Office of Border Patrol	Owning Organization: El Paso Sector/El Paso Station	Reporting Official: (b) (6), (b) (7)(C)	Telephone Number: 915-(b) (6), (b) (7)(C)
Type of Incident: <input checked="" type="checkbox"/> Firearm <input checked="" type="checkbox"/> Intermediate Device <input type="checkbox"/> Other		Local Time / Day / Date of Incident: 18:30 Monday 1/18/2010	
Number of Subjects: 4	Number of Involved CBP Officers/Agents: 2	Other Offices / Agencies Involved:	

SECTION B - INCIDENT LOCATION INFORMATION

Address: (b) (7)(E)	City: El Paso	State: TX	County: USA
ZIP Code: 79905	Country: US	Longitude: (b) (7)(E)	Latitude: (b) (7)(E)
Character of Premises: Urban, Moderately Populated, Station/Institution, Outdoors			
Illumination: -----			
If Natural Illumination: Night	If Artificial Illumination: Street Lights, Poor lighting		
Environmental Conditions: Dry, Calm			Estimated Ambient Temperature (°F): 68

Additional Comments (relevant to the incident information page):

While conducting official duties an agent requested backup as four subjects began to throw rocks at him from an elevated position on the Mexican side of the river / international boundary. Back up agent arrived and deployed 30 projectiles from the FN-303 as they were being rocked by the four subjects. One 15 projectile magazine of (b) (7)(E), and one magazine of 15 (b) (7)(E) (b) (7)(E) were expended as the agents addressed the threat. Agents could not verify if kinetic impact was achieved on any of the subjects with the (b) (7)(E). As both agents continued to be assaulted the primary agent went to his service issued firearm, (b) (7)(E) and fired one shot at one of the four subjects who was throwing rocks. The agent who fired the round verified that the round impacted the raised concrete apron which the subjects were using as cover. The assault immediately stopped, all four subjects retreated south into the populated area of Juarez, Chihuahua, Mexico.

SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name: (b) (6), (b) (7)(C)		Title: Border Patrol Agent		Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: El Paso Sector/El Paso Station					
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed		Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty		Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes		Total YEARS Law Enforcement Experience: Federal: 4 State: 0 Local: 0	
				Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Operational Activity: Linewatch					

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Any Involved Officer/Agent Injuries or Other Needed Information: None	
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION E - WEAPONS USED BY OFFICER / AGENT

Firearm Information:			
Ownership: <input type="checkbox"/> CBP <input type="checkbox"/> Personal		Last Qualification Date:	
Qualification Score:			
Serial Number:	Manufacturer:	Model Name/Number:	Caliber:
Type:	Round Type (if Shotgun):	Rounds Fired:	
Firearm Shooting Information:			
Posture:		Posture Orientation:	
Cover Usage:		Weapon Grip:	
Target Elevation:		Aiming Method:	
Firing Mode:		Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0	
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

SECTION E (Continuation) - WEAPONS USED BY OFFICER / AGENT

Intermediate Device Information:		
Device: (b) (7)(E)		Device Type: Kinetic Impact
Description:		
Intermediate Device Deployment Information:		
Posture: Standing		Posture Orientation: Facing Squarely
Cover Usage: No Cover		Weapon Grip:
Target Elevation: At/Above Eye Level		Aiming Method: Laser, Sight Aim
Firing Mode:		Estimated Distance (Express in Yards): Minimum: 30 Maximum: 40
Did Collateral Contamination Occur?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Time Needed for Decontamination (Express in Minutes): <input type="checkbox"/> 0-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> More than 20
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

Other Force Information:		
Device Type:		Description:
Comments:		
Other Force Deployment Information:		
Posture:		Posture Orientation:
Cover Usage:		Estimated Distance (Express in Yards): Minimum: 0 Maximum: 0
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged		
Comments Concerning Collateral Damage:		

SECTION F - INVOLVED OFFICER / AGENT SHOOTING INFORMATION*(Data Merged with Section E Above by Weapon)***SECTION G - INVOLVED OFFICER / AGENT TRAINING INFORMATION**

What Training (in addition to Basic Academy) Assisted the Involved Officer/Agent: (b) (7)(E)
Training Recommendations:

SECTION H - SUBJECT INFORMATION

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): Unknown		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION

Firearm Information: <input type="checkbox"/> Unknown				
Type:		Round Type (if Shotgun): <input type="checkbox"/> Shot <input type="checkbox"/> Slug <input type="checkbox"/> Other:		
Caliber:	Serial Number:	Manufacturer:	Model Name/Number:	Rounds Fired:
Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): <input checked="" type="checkbox"/> None <input type="checkbox"/> See Supplemental				
Subject Other Weapon Information (NOT Firearm): Rocks				

SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT

Weapon: Kinetic Impact	Officer/Agent: (b) (6), (b) (7)(C)
Subject: Unknown	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects were at an elevated position with cover available to them.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

ADDITIONAL COMMENTS

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

SECTION A - INCIDENT IDENTIFICATION INFORMATION

CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION C - INVOLVED OFFICER / AGENT INFORMATION - RAMIREZ, ROBERT R.

Name: (b) (6), (b) (7)(C)	Title: BORDER PATROL AGENT	Service EOD: (b) (6), (b) (7)(C)	Duty Location EOD: (b) (6), (b) (7)(C)
Duty Location: El Paso Sector/El Paso Station			
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Hand Usage: <input checked="" type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed	Height: (b) (6), (b) (7)(C)	Weight: (b) (6), (b) (7)(C)
Duty Status: <input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Off Duty	Attire: <input checked="" type="checkbox"/> Uniformed <input type="checkbox"/> Plain Clothes	Total YEARS Law Enforcement Experience: Federal: 4 State: 0 Local: 0	Wearing Body Armor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Operational Activity: Linewatch			

SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - RAMIREZ, ROBERT R.

Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Any Involved Officer/Agent Injuries or Other Needed Information: None
Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL

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SECTION A - INCIDENT IDENTIFICATION INFORMATION

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(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION E - WEAPONS USED BY OFFICER / AGENT - (b) (6), (b) (7)(C)

Firearm Information:			
Ownership:	<input checked="" type="checkbox"/> CBP <input type="checkbox"/> Personal	Last Qualification Date:	Qualification Score:
		11/11/2009	316
Serial Number:	Manufacturer:	Model Name/Number:	Caliber:
(b) (6), (b) (7)(C)	(b) (7)(E)	(b) (7)(E)	(b) (7)(E)
Type:	Round Type (if Shotgun):	Rounds Fired:	
Pistol	Other	1	
Firearm Shooting Information:			
Posture:		Posture Orientation:	
Kneeling		Facing Squarely	
Cover Usage:		Weapon Grip:	
No Cover		Two-handed	
Target Elevation:		Aiming Method:	
At/Above Eye Level		Point Aim	
Firing Mode:		Estimated Distance (Express in Yards):	
Semi-automatic		Minimum: 30	Maximum: 40
Collateral Damage: <input type="checkbox"/> Bystander / Other Person(s) Hit <input type="checkbox"/> Property Damaged			
Comments Concerning Collateral Damage:			

SECTION H - SUBJECT INFORMATION - UNKNOWN

Type:	Reason (Animal):	Description of Animal:	
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	<input type="checkbox"/> Defense <input type="checkbox"/> Euthanize		
Name (Last, First, Middle):		Sex:	
UNKNOWN		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age:	Height:	Weight:	Wearing Body Armor:
Unknown	Unknown	Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire:		<input type="checkbox"/> Deceased	
<input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None			

SUPPLEMENTAL

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(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION H - SUBJECT INFORMATION - Unknown

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): Unknown		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION H - SUBJECT INFORMATION - Unknown

Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Animal	Reason (Animal): <input type="checkbox"/> Defense <input type="checkbox"/> Euthanize	Description of Animal:	
Name (Last, First, Middle): Unknown		Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
DOB or Age: Unknown	Height: Unknown	Weight: Unknown	Wearing Body Armor: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Attire: <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Paramilitary <input type="checkbox"/> Police <input type="checkbox"/> None		<input type="checkbox"/> Deceased	

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - Unknown

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: Unknown	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SUPPLEMENTAL

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(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN

Weapon: Kinetic Impact	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects were at an elevated position with cover available to them.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: UNKNOWN	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - Unknown

Weapon: Kinetic Impact	Officer/Agent: (b) (6), (b) (7)(C)
Subject: Unknown	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects were at an elevated position with cover available to them.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SUPPLEMENTAL

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties.

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CBP Reportable Incident Number:	Original SIR Number:	Name of Primary Involved Officer / Agent:
(b) (7)(E)	(b) (7)(E)	(b) (6), (b) (7)(C)

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - *Unknown*

Weapon: (b) (7)(E)	Officer/Agent: (b) (6), (b) (7)(C)
Subject: Unknown	
Effective at Stopping Immediate Threat: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - *Unknown*

Weapon: Kinetic Impact	Officer/Agent: (b) (6), (b) (7)(C)
Subject: Unknown	
Effective at Stopping Immediate Threat: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments: Subjects were at an elevated position with cover available to them.	
Did Weapon or Device Function Properly / Perform As Expected?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Comments:	
Subject Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Referred for Additional Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown